

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | BH | | 3/2/01 |
| O.I.P.E. CLASSIFIER | | 12 | 4/1/01 |
| FORMALITY REVIEW | HB | 56-916 | 05-01-01 |
| RESPONSE FORMALITY REVIEW | BS | JC 906 | 07/26/01 |
| | BE | 807 | 02-28-02 |

INDEX OF CLAIMS

| | | | |
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| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - (Through numeral) | Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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72/26
504
07/26
804
07/26